

# SHARE DRAFT CHECKING

## STOP PAYMENT ORDER INSTRUCTIONS



Please complete the form below with all available information to initiate stop payment on a SESLOC share draft/check.

- We may accept an order to stop payment on any item from any owner on this account.
- You must make a stop payment order in the manner required by law.
- Stop payment orders must be received by the credit union in time to give us a reasonable opportunity to act on it before our stop payment cut-off time.
- Because stop payment orders are handled by computers, to be effective your stop payment order must precisely identify the check number, date, check amount, and the payee.
- See your *Important Account Information/Terms and Conditions* agreement for further information regarding stop payment requests.
- Stop payment requests will be processed upon receipt by the Credit Union.
- If you have lost your checkbook, please call a Member Service representative to report at (805) 543-1816

### Share Draft Stop Payment Order

|   |                          |  |                               |
|---|--------------------------|--|-------------------------------|
| Member Name:  |                          | Member Number:   | Account Type (I.e. S9, S9.1): |
| Date of Draft:  | Share Draft Number:      |  | Draft Amount:                 |
| Payable to:   | Reason for Stop Payment: | A Service Fee will be charged to your account. See fee schedule. |                               |
| <p>Please stop payment on the draft described above, unless you have already paid, certified or accepted it. I understand that this request will cease to be effective six months from the date SESLOC Federal Credit Union processes my request. The Credit Union will not be liable for payment of the draft contrary to this request unless payment is caused by the Credit Union's negligence and causes actual loss to me. I agree to reimburse the Credit Union for any loss it sustains in honoring this request. I am aware that anyone holding this item may be entitled to enforce payment against me, despite this stop payment request.</p> |                          |  |                               |

Account Holder's Signature

Date

Please sign and return this form to any SESLOC branch,  
 fax to: (805) 540-7779  
 or mail to: P.O. Box 5360, San Luis Obispo, CA 93403-5360

Credit Union Use Only:

FM Date: \_\_\_\_\_ Operator Number/Initials: \_\_\_\_\_